Exhibit 25

CORNELL UNIVERSITY

NEW YORK PRESBYTERIAN HOSPITAL

John J. Caronna, M.D.
Professor & Vice Chairman
Department of Neurology and Neurosciences

520 East 70th Street
New York, NY 10021
Telephone: 212 746-2304
Fax: 212 746-8742

to S. Stein
212-249-0222

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Dr. Michael Zullo
1440 York Avenue P6
New York, NY 10022
212-759-1012

Re: Francesco Gallo

Dear Mike:

I saw Francesco Gallo after an absence of one year. I last saw him in May, 2005 at which time he was recovering from coronary angioplasty and stenting and on Coumadin, aspirin, and Plavix. At that time I noted that he appeared Parkinsonian. He had rigidity and akinesia and apraxia of his right upper extremity and he had abnormal eye movements. I gave him samples of a dopaminergic drug, Requip, which he took as directed without much effect.

He returned on 5/24/06 on your referral because he is getting worse and his complaints are that he cannot control his right hand. It feels as if it is not a part of him and that sometimes at night it seems to move on its own. He has tremor in the right hand. He has drooling on his pillow and he has excessive sweating.

At the present time he is on the following drugs: Warfarin anticoagulation, aspirin 81 mg., Prevacid for GERD, Glucophage and Amaril for his diabetes mellitus, Lipitor for hypercholesterolemia, and a medicine, whose name he doesn't remember, for hypertension.

He is working for Al Italia but finds it more and more difficult to function. He never takes a drink but he does have a "occasional cigarette." He said that he doesn't smoke every day; however, I smelled tobacco on his breath.

Past Medical History: He had a myocardial infarction in 1999 following which he had a period of depression but he no longer takes antidepressants now. In August, 2003 he had what appeared to be a left MCA distribution stroke which left him with a right hemisensory defect. The MRI showed that he had a left frontal stroke, most likely embolic, and in June 2004 he underwent a right carotid endarterectomy. The right carotid stenosis was asymptomatic. His cerebral stroke was embolic and he remains on Coumadin.

Exam: A well-developed, well-nourished man who walks normally but with his right arm held inertly at his side. Mental status was not tested in detail but appeared to be intact.

He was alert and oriented X3. On gait and station there was no right arm swing. He didn't fall over on Romberg. Blood pressure was 140/70 in the left arm sitting; the pulse was regular and there were no carotid bruits.

Examination of the cranial nerves revealed normal visual fields; the pupils were equal and reactive. However, his eye movements were abnormal. Voluntary eye movements showed diminished upgaze but full downgaze but the saccades were not smooth and his eye movements were jerky in horizontal directions. He did not have square-wave jerks when he fixed his eyes. His face didn't appear to be masked. He didn't have a glabellar response and the neck was supple without bruits.

He had rigidity without tremor in his right upper extremity and the tremor increased if he exercised the left hand. His right hand was awkward and difficult to use and all movements of the right hand were performed slowly and awkwardly. Movements of the other three limbs were all normal. The reflexes were present. The ankle jerks were present and the toes downgoing. There was a right hemisensory defect to pin and temperature that affected the face and upper and lower extremities but not the trunk. He had a problem with graphesthesia in the right hand. He missed the right side on DSS.

Coördination, as tested by finger-to-nose and the left hand was normal; it could not be tested on the right side. Heel-to-shin and toe tapping were normal.

Comment: I believe that Mr. Gallo has cortico-basal degeneration (CBD). Cortico-basal degeneration is a type of movement disorder which is one of the so-called "tauopathies" which include frontal temporal dementia and progressive supranuclear palsy. It is one of the syndromes that are also referred to as the "Parkinson's plus syndromes." The syndrome presents in later adult life as rigidity and clumsiness of a limb that progresses to akinesia and rigidity as in Mr. Gallo's case. He appears to have the typical finding of the so-called "alien limb" and what he describes may be the autonomous activity of the affected extremity which he perceives as not being under his control. The features of CBD are that it is insidious in onset; it is chronically progressive; it is asymmetrical in its onset and progressive and it is unresponsive to the usual anti-Parkinson drugs. Patients can have many other associated signs besides limb clumsiness and rigidity and akinesia. They can have tremors, myoclonus; they can have eye movement problems, blepharospasm, postural instability, and a swallowing disorder. Unfortunately, a significant percentage of patients with this condition develop fronto-temporal dementia as a consequence of the nature of the disease; many also develop depression and anxiety and Mr. Gallo is at great risk for developing another bout of severe depression since he already experienced one in 1999 after his myocardial infarct.

Plan: I have told Mr. Gallo that I think he has cortico-basal degeneration basically an untreatable, progressive neurologic disease that will lead to immobility and severe disability in

five to ten years. I have recommended that he seek medical leave and retire from his job. Because of the serious nature of the diagnosis, I have offered him a second opinion with the Movement Disorders Unit at New York Presbyterian Hospital and I will set up an appointment for him to see Dr. Claire Henchcliffe who is, at the present time, out on sick leave.

I will be happy to discuss the condition with you and with his psychiatrist.

Sincerely yours,

JJC:CH

John J. Caronna, M.D.